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hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as <b>Express Mail Post Office to Addressee</b> " with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.G. 20231					
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UTILITY PATENT AP	PLICATION TRANSMITTA	L UNDER 37 C.F.R. § 1.53(b)	
Attorney Docket Number	50195/008003		
Applicants	James M. Robl, Richard A. Goldsby, Stacy E. Ferguson, Yoshimi Kuroiwa, Kazuma Tomizuka, and Isao Ishida		
Title	EXPRESSION OF XENOGENOUS (HUMAN) IMMUNOGLOBULINS IN CLONED, TRANSGENIC UNGULATES		
PRIORITY INFORMATION:			
This application claims the benefit filed August 9, 2001 and U.S provi is a continuation-in-part of U.S. util	isional patent application 60	ovisional patent application 60/311,625, 0/256,458, filed December 20, 2000 and filed November 17, 2000.	
SMALL ENTITY STATUS:			
□ Applicant claims small entity stat	tus under 37 C.F.R. § 1.27.	·	
APPLICATION ELEMENTS:			
Cover sheet		1 page	
Specification		77 pages	
Claims		5 pages	
Abstract		1 page	
Drawing		37 sheets	
Combined Declaration and POA, which is:  ☐ Unsigned; ☐ Newly signed for this application; ☐ A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.		4 pages	
Sequence Statement		0 pages	
Sequence Listing on Paper		0 nages	

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Small Entity Statement, which is:  A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	0 pages
Preliminary Amendment	0 pages
IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$740	\$740.00
Excess Claims Fee: 48 - 20 = 28 x \$18	\$504.00
Excess Independent Claims Fee: 12 - 3 = 9 x \$84	\$756.00
Multiple Dependent Claims Fee: \$0	\$0.00
Total Fees:	\$2,000.00
☑ Enclosed is a check for \$2,000.00 to cover the total fees.	

- □ Charge [\*\*AMOUNT\*\*] to Deposit Account No. 03-2095 to cover the total fees.
- □ The filing fee is not being paid at this time.
- ☑ Please apply any other charges or any credits, to Deposit Account No. 03-2095.

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november 16 2001

Date

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